

DECLARATION FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

A DUMMY MEDICAL INSTRUMENT FOR USE IN A SIMULATOR

the specification of which is attached hereto UNLESS the following box is checked:

<input checked="" type="checkbox"/>	was filed on 13 June 2006	as U.S. Application No. 10/596,427
or	PCT International Application No.	and was amended on (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR § 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT International application which designated at least one country other than the United States, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Applications	Application No.	Country	Day/month/year filed	Priority Not Claimed:
	PCT/GB2004/005310	UK	16 December 2004	
	GB 0329521.9	UK	19 December 2003	

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application listed below.

Application No.	Filing Date:
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I hereby claim the benefit under 35 U.S.C. § 120 of any United States application(s), or § 365(c) of any PCT International application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. § 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR § 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

Application No.	Filing Date:	Status:	(patented, pending, abandoned)
Application No.	Filing Date:	Status:	(patented, pending, abandoned)

I hereby appoint the attorneys associated with Customer No. 000408 (Luedeka, Neely & Graham, P.C.) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

Address all telephone calls to Robert O. Fox, Esq. at telephone number (865) 546-4305, and all correspondence to the address of Customer No. 000408.

I hereby authorize the attorney(s) or agent(s) named herein to accept and follow instructions from KeyMed (Medical & Industrial Equipment) Limited, as to any action to be taken in the Patent and Trademark Office regarding this application without direct communication between the attorney(s) or agent(s) and myself. In the event of a change in the persons from whom instructions may be taken, the U.S. attorney(s) or agent(s) named herein will be so notified by me.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor (given name, family name)	Daniel Mark Walloker	
Inventor's Signature		
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